

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Insurance Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

Transaction ID: 4365f079bbd6808b82a

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address PO Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

Transaction ID: a7bd40f62a00da7abb5

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

18500.00